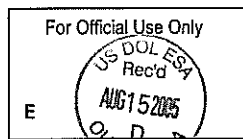


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8018</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Ernest J Heinauer</b> P.O. Box, Bldg., Room No., if any Street <b>201 Henderson Rd.</b> City <b>Pittsburgh</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>15237</b>	4. Name, file number, and address of labor organization. Name <b>Shopmen's Local Union No. 527</b> Labor Organization File Number <b>032-224</b> P.O. Box, Building and Room Number, if any Street <b>2945 Banksville Rd.</b> City <b>Pittsburgh</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>15216</b>
5. Position in labor organization. <b>Business Manager F.S.T.</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>Shopmen's Local 527 Pension Fund</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>2945 Banksville Rd.</b> City <b>Pittsburgh</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>15216</b>	7.a. Nature of Interest, Transaction, or Income. <b>Registration and hotel deposit IFEBP annual educational conference</b> 7.b. Amount. <b>\$1,310</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Ernest Heinauer</i></u>	On <u>08/12/2005</u> Date	<u>(412) 366-0251</u> Telephone Number

Name of Person Filing <b>Ernest Heinauer</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <b>Highmark</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>120 Fifth Ave. Place</b> City <b>Pittsburgh</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>15222</b>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <b>Shopmen's Local 527 Benefit Fund</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>2945 Banksville Rd.</b> City <b>Pittsburgh</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>15216</b>	<b>11.a. Nature of such dealing.</b> Healthcare provider for Benefit Fund on a premium paid basis.  <b>11.b. Approximate dollar value of such dealing.</b> <b>\$1,400,000</b>  <b>12.a. Nature of interest held or income received.</b> Annual golf outing and dinner for Taft-Hartley clients.  <b>12.b. Amount.</b> <b>\$363</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>Mesirow Financial</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>220 Park Ave. Suite 350</b> City <b>Birmingham</b> State <b>Michigan</b> ZIP Code + 4 <b>480009</b>	<b>14.a. Nature of payment.</b> Dinner party for clients to meet, discuss and learn about service provider.  <b>14.b. Amount of payment.</b> <b>\$75</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> <b>?</b>	

Name of Person Filing <b>Ernest Heinauer</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Highmark</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>120 Fifth Ave. Place</b></p> <p>City <b>Pittsburgh</b></p> <p>State <b>Pennsylvania</b> ZIP Code + 4 <b>15222</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Healthcare provider for Benefit Fund of Shopmen's Local Union 527.</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$1,400,000</b></span></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Annual labor appreciation golf outing for labor organizations.</b></p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;"><b>\$173</b></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>Ironworkers Employers Association of W. PA.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City <b>Pittsburgh</b></p> <p>State <b>Pennsylvania</b> ZIP Code + 4 <b>Y</b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>Associations annual dinner.</b></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <span style="float: right;"><b>\$112</b></span></p>

Name of Person Filing <b>Ernest Heinauer</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>The Segal Company</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1300 E. Ninth Suite 1900</b>  City <b>Cleveland</b>  State <b>Ohio</b> ZIP Code + 4 <b>44114</b>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>Shopmen's Local 527 Pension Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>2945 Banksville Rd.</b>  City <b>Pittsburgh</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15216</b>	<b>11.a. Nature of such dealing.</b> Actuarial and consultant work for Pension and Welfare Funds.  <b>11.b. Approximate dollar value of such dealing.</b> <b>\$64,000</b>  <b>12.a. Nature of interest held or income received.</b> Dinner party annual trustee meeting.  <b>12.b. Amount.</b> <b>\$67</b>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>            
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing <b>Ernest Heinauer</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>PNC Advisors</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>Two PNC Plaza</b>  Street <b>620 Liberty Ave.</b>  City <b>Pittsburgh</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15222</b>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>Shopmen's Local 527 Pension Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>2945 Banksville Rd.</b>  City <b>Pittsburgh</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15216</b>	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Custodial work for the Fund.</div>  <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$18,000</b></span>  <b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Annual golf outing and dinner for labor Trustees.</div>  <b>12.b. Amount.</b> <span style="float: right;"><b>\$418</b></span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4 	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <div style="border: 1px solid black; width: 150px; height: 20px; float: right;"></div>